

**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2004**

FILED

04 FEB -4 PM 12:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



<b>DOCUMENT # A11852</b>			
1. Entity Name <b>NATTAR, LTD.</b>			
Principal Place of Business <b>8381 S.W. 92ND TERRACE MIAMI FL 33156</b>		Mailing Address <b>8381 S.W. 92ND TERRACE MIAMI FL 33156</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>59-2175020</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	



MOORE CR2E003 (11/03)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>HERSHBEIN, ARTHUR 8381 S.W. 92ND TERR MIAMI FL 33156</b>		Name: _____	
		Street Address (P.O. Box Number is Not Acceptable) _____	
		City: _____	
		<b>FL</b> Zip Code _____	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____		DATE _____	
Signature, typed or printed name of registered agent and title if applicable.			

9. Capital Contributions as Shown on record. <b>\$10,500.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	<b>11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</b>
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**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	NAME	STREET ADDRESS	
	<b>HERSHBEIN, ARTHUR</b>		
STREET ADDRESS	<b>8381 S.W. 92ND TERR.</b>	CITY-ST-ZIP	
	<b>MIAMI FL</b>		
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STREET ADDRESS			

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

**SIGNATURE:** *Arthur Hershbein* **ARTHUR HERSHBEIN** 1/28/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #